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ABSTRACT

Efforts in the area of drug education have been less than successful over the years. The time has come to step back and reevaluate and reassess what it is we are trying to accomplish. Emphases in the past have certainly been well intentioned, but a new direction needs to be charted for the future. Health Educators and other professionals have failed to recognize, identify, and discuss the crux of the "drug problem," chemical dependency. It is arguably the most important health issue of our time and the most devastating social problem in the United States of America. It is time to move from describing, classifying, and sometimes sensationalizing drugs and alcohol to teaching about chemical dependency and its ravaging ramifications. Perhaps the most important goal is to raise the awareness of parents, teachers, students, and professionals in the country's schools, communities, businesses, and industries to the insidious consequences of chemical dependency. These people should know how to recognize it and how to refer people for treatment. The stakes are high, and the alternatives are few. It is necessary need to move from behind the veil of societal denial, put our cards on the table, and play to win in this high-risk game where there are far more losers than winners. (Author/DF)

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DRUG EDUCATION: AN EMPHASIS ON CHEMICAL DEPENDENCY

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THE CHEMICAL DEPENDENCY APPROACH TO DRUG AND ALCOHOL EDUCATION

Introduction

The widespread efforts of health educators and other professionals in the area of drug education have, for the most part, been abysmal failures. These efforts have failed to produce any discernable impact upon drug use and the magnitude of the "drug problem" in our society. Furthermore, and more importantly, they have also failed to identify what is the crux of the "drug problem," the one outstanding aspect of drug use and abuse which causes it to be the most important health issue of our time--chemical dependency. What is this critical health issue which is, in the opinion of some, the most devastating social problem in the United States? Chemical dependency has become a widely accepted and perhaps the most accurate term to describe one possible consequence of recreational drug use. Other terms that are sometimes used to describe this phenomenon include drug addiction, drug dependence, alcoholism and substance abuse. Whatever it is called the fact remains that this aspect of the drug problem has not been addressed properly at any level of educational endeavor. The purpose of this paper is to try to rectify this malfeasance by sharing some information and opinions about chemical dependency. Hopefully these opinions will raise the consciousness of health educators and others about this neglected facet of the drug problem and serve to motivate the profession to rethink the question of what we want to accomplish in the field of drug education.

Educational Approaches and Failures

A number of educational approaches have been tried in the past and all have been judged to be ineffective at best and actually counterproductive at worst. Duncan and Gold (1982) note that after the drug crises of the 1960's came

increasing monetary support for drug education programs designed to reduce the extent of drug use and abuse. Throughout the 1970's serious doubts were raised about the ability of these programs to accomplish this goal (primary prevention) even as government continued to increase funding for these programs.

Interestingly enough, as efforts to educate younger groups about drugs and their abuse have been attempted, increased incidences of use, misuse, and dependence have been reported at earlier and earlier ages. Is this a cause and effect relationship or is it simply a cultural and societal phenomenon? Ray (1983) suggests that many people believe that the current pattern of drug use is an unusual phenomenon, a new experience for our civilization. Others seem to feel that it is like a cancer that may be removed surgically by educators or the criminal justice system. He concludes that the pattern of drug use now seen in our country is an integral part of our developing culture, and to eliminate it would require major changes in some of our beliefs and attitudes, changes that many may not support.

It has been suggested that information-oriented education efforts have aroused curiosity and increased interest in drugs generally and certain drugs in particular. It may be difficult for a young mind (or a more mature mind for that matter) to put into proper perspective the fact that cocaine produces such an incredible euphoria that monkeys will self-administer the drug until they die due to starvation. Desensitization has also been posited as a result of some programs. Early approaches actually taught some young people how to use drugs, thus producing the often used phrase "educated drug user or abuser." Combine these two outcomes and it is easy to conclude that increased use and experimentation might result. Some might suggest that increased dependency problems might logically follow.

The dated "scare tactic" approach has always been found to be ineffective.

If half truths or misinformation are identified by the students, the tactics become especially ineffective.

The results of our drug education efforts have been less than encouraging. Another discouraging factor is the difficult if not impossible, challenge of evaluating attempts at primary prevention. Almost everyone agrees that it is absurd to try to prevent use and experimentation--something that might be measured. But how does one go about the task of producing data to support the contention that the number of chemically dependent people has been reduced by this or that program? There are just too many other variables that are woven into the fabric of our society that might affect this number--not to mention the statistical, assessment, and reporting errors and biases. It just might be that all educational attempts at primary prevention of chemical dependency are folly. Heresy you say! What is to be done, then? Do health educators and other interested parties just give up? Try to accept the premise that primary prevention is impossible or at least extremely difficult at best. There are alternatives to pursue and develop.

Social Impact of Chemical Dependencies

There is generally too little time spent dealing with the devastating social implications of chemical dependencies in the United State in drug education programs. While C. D. (cardiovascular disease) is listed as the number one killer of people in this country, another C. D. (chemical dependency) is arguably entitled to this position of distinction. If nicotine dependency related to the smoking of tobacco cigarettes is included in the dependency list [and it rightfully should be according to Pollin (1982)], then there ceases to be any argument at all about the number one cause of death in the U. S.

Admittedly, information is often provided about the health consequences of heavy drug usage. Alcoholics may suffer from hepatitis, cirrhosis, brain damage--the list is endless. Cigarette smokers die from heart disease, lung cancer, and emphysema to name a few. There is a great danger of overdose from licit and illicit drugs used separately and in combination. Unsanitary needles are an obvious threat to life and limb. "Let the buyer beware" is the frequent admonition given to the street addict. This is valuable information and should be a part of the total package. But what about the social and economic impact of all of the chemical dependencies even if caffeine and nicotine (both are addicting substances that cause health problems but few, if any, serious social consequences) are excluded from the list of offending chemicals?

How does chemical dependency kill and destroy in our society? Unfortunately, the ways are many and diverse and insidious. The average person has probably considered very few of them. Some of these often overlooked consequences are examined in the following paragraphs which are largely based on the January 1981 Special Report to the U. S. Congress on Alcohol and Health from the Secretary of Health and Human Services. It should be noted that the statistics pertain only to "alcohol abuse" and should be considered conservative in light of the fact that other chemical dependencies are not taken into account.

Between 35 and 64 percent of the drivers in fatal accidents had been drinking prior to the accident. Motor vehicle crashes caused by alcohol abuse cost American society over \$5 billion a year. These statements reflect the most common information made available to the public concerning the social impact of alcohol and other drugs. This is just the tip of the iceberg, however.

Drinking and driving are an increasing problem for young people as well as adults. Cars and chemicals are an important part of the lives of many young people. The result is an increase in the numbers of alcohol-related

traffic accidents among young people. The Special Report (1981) states that "no other cause of mortality approaches traffic accidents among youth in terms of numbers, and no other cause of death is as predictably associated with traffic accidents as is alcohol." Other fatal and non-fatal accidents are often alcohol-related. Falls are the number two cause of fatal accidents and over 50 percent involve alcohol. Fifty-two percent of adult fire deaths involve alcohol and "alcoholics are 10 times as likely to die in a fire as members of a standard comparison population." Studies have shown that between 50 and 68 percent of drowning victims had been drinking prior to their deaths. These figures reveal a significant and shocking relationship between alcohol and accidental death and trauma that must be communicated in our education programs. Please keep in mind that these percentages and those that follow pertain only to alcohol abuse.

Crime is rampant in our society. It is often the subject of political discussion and reports of its social consequences pervade the pages of our daily newspapers. But how often do these discussions and articles deal with the relationship of both violent and non-violent crime to alcohol and other psychoactive drug dependencies? The Special Report (1981) states that "different aspects of alcohol consumption including blood alcohol concentration, drunkenness, and alcoholism have been associated with criminal events. Alcohol use and its subsequent acute and chronic effects have been related to formation of criminal intent, aggravation of the criminal event through excess violence, and influencing the outcome of a completed crime." It is safe to conclude that a very high percentage of crimes are performed by chemically dependent persons. American's prisons and jails are literally full of them. The community must be alerted to this relationship so that they might "read between the lines" when a newspaper account about crime is perused. Many of these people are ill and need treatment in addition to incarceration. There is little wonder that

the criminal society within our prisons is well-equipped to deal with the efficient acquisition and distribution of chemicals to those who reside within their walls.

Chemically dependent persons are particularly high-risk candidates for suicide attempts, both successful and unsuccessful. Medhus (1975) reported that alcoholics were 30 times more likely to attempt suicide than the general population. There seems to be a definite link between suicide and mind-altering chemicals. Studies have shown that suicide attempters had been drinking between 15 and 64 percent of the time. Up to 80 percent of successful suicides are directly related to alcohol consumption. A significant number of chemically dependent people who are recovering from their illness, often report suicidal feelings and attempts just before their treatment programs put them on the road to recovery.

Serious family disruption and chemical dependency go hand in hand in American society. These problems are a growing source of concern. The Special Report (1981) indicates there are two areas of special concern: the relationship of alcohol and family violence and the children of alcoholic parents. The relationship between serious family problems such as spouse abuse, child abuse, incest, and divorce, and the problematic use of mood-altering chemicals is becoming more recognized and accepted. Emerson (1979) discovered that nearly half of the family dispute cases handled by the Los Angeles Police Department involved either alcohol or drugs. The Special Report (1981) cites a number of studies that have tied alcohol and drugs to a high percentage of disruptive family behaviors. It is safe to say that at least 60 percent of spouse abuse cases involve problem drinking by the husbands. Many wives in these families are heavy drinkers and it should be noted that there is a tendency for alcoholic men to marry alcoholic women. There is also a tendency for a spouse-abusing husband to abuse his children and also to be the target of abuse from

his wife as well as his children. While a recent "60 minutes" episode sensationalized the violent murder of a child-abusing father by his teenage son, no reference was made to the chemically dependent state of the father--an unconfirmed suspicion among many in the treatment field who viewed the program. Child abuse and incest, while both shocking and revolting, are reported to be alcohol related in at least one-third of the reported cases. Statistics indicate that approximately half of today's marriages end in divorce--a dramatic increase in the past 10 to 20 years. How much of this increase is drug related? Families who experience problems with alcohol and other drugs also experience a high divorce rate. These families sustain divorces at a rate significantly higher than for the general population (Schuckit and Morrissey, 1976).

It is very difficult to achieve any degree of consistency when estimating the economic costs of alcohol and drug dependencies. Different investigators using different methods have arrived at varying estimates. There is general agreement that the costs are substantial. The Special Report (1981) estimates that the economic losses attributable to alcoholism and alcohol misuse alone amounted to approximately \$43 billion in 1975. The areas delineated in descending order of cost were: lost production, health and medical, motor vehicle accidents, violent crime, social responses, and fire losses. The costs in 1984 will be astronomically higher due to inflation alone. The advent of successful Employee Assistance Programs (EAP's), increased awareness (hopefully), and advertising in the electronic media by treatment programs will also serve to significantly elevate the economic cost estimates as more dependent people are identified and seek or are forced into treatment programs.

The case has been made for some rather dramatic and shocking implications of alcohol and chemical dependencies. There seems to be a conspiracy of denial in our society and a refusal to label the problem or talk about it. These dire "chemical consequences" beg to be communicated through educational programs,

governmental agencies, and the print and electronic media. In addition, there must be a much greater emphasis placed on recognition, treatment and referral of those people in our society who are afflicted by one of the chemical dependencies. Early intervention and treatment can go a long way toward alleviating a substantial portion of these massive social ills.

What is Chemical Dependency?

There are many definitions of chemical dependency, just as there are many opinions and approaches to what many experts would label a "gray area." The information which follows is a compendium of information (opinion) which the author accepts personally as valid and reliable. It is important that this information be accepted in the education community or at the very least critically examined and debated.

An individual who is dependent on drugs will fulfill the following three criteria: 1) the person uses mood or mind altering (psychoactive) drugs, 2) this use provides serious recurring problems for the individual and 3) the person continues to use the drug(s) in spite of the problems. Nearly 100 percent of adults satisfy the first requirement and at least 95 percent of high school seniors have tried or experimented with psychoactive drugs. Categories 2 and 3 separate the social users from those who have become dependent on chemicals. Estimates predict that 10 percent of users will become dependent (Johnson, 1980), and will be unable to stop using by themselves even though their lives become a series of problems and/or crises. What kind of problems do these people have? Many were delineated earlier in this paper and include legal, family, employment, school, interpersonal relationships--the list is endless. These criteria are applicable to the sixth grader with behavior problems, the middle aged professional with problems at work, and the 70 year old widow who recently lost her spouse of 50 years. The disorder is no

respector of age, social class, race, or national origin. Less than 5 percent of alcoholics are what might be called "skid row bums."

According to Johnson (1980) the disorder involves the whole person: physically, mentally, psychologically, and spiritually. Its most significant characteristics are that it is primary, progressive, chronic and fatal. More importantly perhaps is that it is treatable and arrestable. Dependency is primary in the sense that it successfully blocks the treatment that might be offered to the person for any other medical problem of a physical or emotional nature. It is not caused by any other form of psychopathology, such as depression, stress, poor self-concept, or a nagging spouse. The converse is often true, however; in that many forms of psychopathology are caused by chemical dependency. Many who present for treatment may be diagnosed as having a psychopathologic condition. Most will disappear after successful treatment and the resulting chemical abstinence. Dependency is progressive in that it will become worse as time passes. There may be peaks and valleys but the functional deterioration becomes more and more evident as a function of time. How long does it take to become chemically dependent? This is extremely variable and may range from weeks to 40 years or more. Teen-agers do seem to be more susceptible to rapid onset and progression of the condition. The disorder is chronic--it is incurable and is often compared to diabetes in that it may be treated and managed very well but not cured. It may be arrested through proper treatment that has as its goal the 100 percent abstinence of all mood altering drugs. One exception to this might be a closely and carefully monitored medical condition requiring the use of certain kinds of prescription drugs. Chemical dependency is always fatal in those so afflicted if it goes unchecked. The cause of death might range from such physical problems as cirrhosis of the liver or congestive heart failure to some less obvious cause such as suicide, accident or homicide.

While a thorough discussion of chemical dependency is beyond the scope of this paper, there are additional factors of which one should be aware when taking a more positive approach to drug education. These factors include:

1. Chemical dependency is a family illness. The dependent person and his entire family become heavily involved in denial and delusion. Judgment is impaired and reality becomes distorted. What is an obvious problem to someone outside the family becomes accepted and unnoticed within the family.
2. Most chemically dependent people are poly-drug abusers. They use a variety of psychoactive drugs including alcohol. These drugs are substitutable and interchangeable. The results are the same--an unmanageable life and a treatable disorder.
3. Patterns of drug use including amounts and frequency of use are non-symptoms of the disease. Remember the criteria for chemical dependency.
4. The best and probably only reasonably reliable predictor of who will become chemically dependent involves the biological history of C. D. in the family. If one biological parent is chemically dependent their children run about a 50 percent risk of having the same problem. If both parents are chemically dependent the risk is even higher.
5. The most successful treatment approaches generally relate to the number of structured contact hours in the program. The greater the structure and amount of contact time, the greater is the rate of recovery.
6. Recognition of the disorder and early intervention in its progress are critically important. Proper referral and treatment is also critical.

Recognition, Intervention and Referral

To this point a different and hopefully more successful approach to drug and alcohol education has been posited. Chemical dependency and its critical societal impact has also been assessed and discussed. The proper and successful communication of this information is important. Perhaps more important, however, is the ability of health educators in schools and colleges, in the community, and in business and industry to recognize the problem and to communicate it successfully, coupled with an acute awareness of the problem, to as many people as possible.

What does one look for as one's awareness level is raised? There are the severe recurring problems referenced earlier in the paper which may take any number of courses from crime to divorce. These problems may cloud the lives of people from 9 to 90. Beyond these problems there are a number of other signs and symptoms to look for. For adults, Employee Assistance Programs (EAP's) have done a generally excellent job communicating these recognition skills to supervisors in business and industry and to a lesser extent colleges and universities. These signs and symptoms may be job related or involve physical conditions, relationships with others, and mood or actions. One EAP's Drug Awareness Program (1983) lists a number of things to look for but warns that these signs may signify problems other than substance abuse. Some of the signs listed include:

Job Related

1. Absenteeism and tardiness, especially Mondays, Fridays, before and after holidays.
2. Leaving work area more than necessary.
3. Requesting to leave work early for various reasons.
4. Needless risk-taking and higher than average accident rate.
5. Inconsistent work quality and productivity.
6. Poor judgment and memory, general carelessness.
7. Missing deadlines and difficulty handling complex situations.

Physical Conditions

1. Untidiness, weariness, exhaustion.
2. Excessive yawning, sleepiness.
3. Blank stare, nodding.
4. Slurred speech, unsteady walk.
5. Sunglasses worn at inappropriate times.
6. Unusual effort to cover arms.
7. Changes in appearance after lunch or break.

Relationships and Moods

1. Overreaction to criticism.
2. Avoiding and withdrawing from peers.
3. Borrowing money.
4. Complaints of problems at home.
5. Depressed or extremely anxious.
6. Irritable, suspicious, and emotionally unsteady.
7. Excessive amount of time on the telephone.
8. Exaggerated sense of self-importance.
9. Violent behavior, argumentative.

While this list is by no means exhaustive, it does give a pretty good idea of some factors in the adult that may or may not indicate a problem or potential problem with chemical dependency. While all problems are not chemically induced, it turns out that many are. Successful EAP's have demonstrated this fact time and time again as employee performance has dipped below acceptable levels. Supervisors simply refer the troubled employee to counselors based on performance problems. The trained counselors diagnose, intervene and refer to treatment. Not only does this save lives, but it proves to be cost-effective for the companies.

Adolescents have alcohol and drug problems that are just as significant and serious as the problems of adults. Too many times these problems are attributed to the process of "growing" from children to adults. Granted this is a difficult stage in human growth and development, but educators and parents need to be suspicious and aware that in an increasing number of cases, these problems may be associated with chemical dependency. What does one look for in the ever-changing adolescent that might suggest drug abuse? York and Wachtel (1982), Neff (1982), and Marshall (1978) have enumerated a number of signs and symptoms that may be indicative of adolescent substance abuse. Some of these include:

1. A significant drop in the quality of schoolwork (grades) without valid explanation.
2. Reduced ambition, diminished drive, shortened attention span, and "don't care" attitude.
3. Deterioration in judgment, irrational behavior, explosive episodes, pulling a "dumb stunt".
4. Irritability, sarcasm, and decrease in family warmth and participation.
5. Deterioration in personal appearance, hygiene, and clothing.
6. New friends that are unkempt in appearance, have only first names, and are very protective and secretive.
7. Money, jewelry, things of value begin to disappear without explanation.
8. Evidence of drug paraphernalia, alcoholic beverage containers, seeds or leaves in car or clothing, disguised soft drink can for stash, etc.
9. Pale face, red eyes, dilated pupils, scented gum, mouth wash, heavy perfume/cologne, carrying or use of eye wash (to get the "red" out).

These signs are not all inclusive. They are not meant to be used interpretatively as isolated and separate events. When used collectively they might well suggest an adolescent drug problem. Educators and parents should be skilled in early recognition because chemical dependence is primary, progressive, chronic and fatal. More effort should be directed at recognizing the problem, intervening when necessary to halt the progression, and referring the child to competent diagnostic professionals. It is better to suspect drug problems and be proved wrong by the diagnostician than to have never noticed, denied the problem could exist, or refused to become involved at all. School systems should treat adolescents with at least the same dignity, care, and respect that characterizes businesses with successful Employee Assistance Programs. If the child is broken, try to fix him/her, do not throw them away.

Conclusion

A case has been made for a reevaluation of the drug education efforts in this country. An alternative approach has been submitted for consideration and discussion. Historically, attempts at education and prevention have met with little or no apparent success. Emphases in the past have been well-intentioned but misguided and/or misdirected. The time has come to move from describing, classifying, and sometimes sensationalizing drugs and alcohol to teaching about the disease concept of chemical dependency and its ramifications. Chemical dependency should be carefully linked to the many and varied social tragedies that it causes. Perhaps the most important goal is to raise the general awareness of health educators and other professionals in the nation's schools, communities, businesses, and industries to the insidious consequences of chemical dependency. These professionals should know how to recognize it, how to refer people for diagnosis and treatment, and how to intervene in the disease's progression when necessary, using whatever leverage is available.

There is hope for the future to what President Reagan has called "one of the greatest problems facing us internally in the United States." A reemphasis and a redirection of effort by educators as suggested by this paper can go a long way toward reducing the devastating effects of chemical dependency. An open admission that the problem does exist would also be helpful. If this alternative approach is embraced, money can be saved, families can be saved, and most importantly lives can be saved and reconstructed--and perhaps the world will become a little better place in which to live.

REFERENCES

1. Drug Awareness Program, Supervisor's training handbook, Division of nuclear power, Tennessee Valley Authority, 1983.
2. Duncan, D., & Gold, R. Drugs and the whole person. New York: John Wiley & Sons, 1982.
3. Emerson, C. D. Family violence: a study by the Los Angeles County Sheriff's Department. Police Chief, 1979, 46(6):48-50.
4. Johnson, V. I'll quit tomorrow. San Francisco: Harper and Row, 1980.
5. Marshall, S. Young, sober, and free. Center City, MN: Hazelden, 1978.
6. Medus, A. Mortality among female alcoholics. Scand J Soc Med, 1975, 3, 111-115.
7. Neff, P. Tough love. Nashville: Abingdon, 1982.
8. Pollin, W. Why people smoke cigarettes. From testimony on comprehensive smoking prevention education act: Hearings before the Committee on Labor and Human Resources, U. S. Senate, U. S. Department of Health and Human Services, March 16, 1982.
9. Ray, O. Drugs, society, and human behavior. St. Louis: The C. V. Mosby Company, 1983.
10. Schuckit, A., and Morrissey, E. Alcoholism in women: some clinical and social perspectives with an emphasis on possible subtypes. In: Greenblatt, M., and Schuckit, M., Eds. Alcoholism problems in women and children. New York: Grune & Stratton, 1976.
11. Social Implications of Alcohol Abuse. U. S. Department of Health and Human Services, Fourth Special Report to the U. S. Congress on Alcohol and Health from the Secretary of Health and Human Services, January, 1981.
12. York, P. and D. and Wachtel, T. Toughlove. Garden City: Doubleday and Co., Inc., 1982.